

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND DEVICE FOR FREEZING AND THAWING BIOLOGICAL SAMPLES, the specification of which:

- ☐ is attached hereto.
☐ was filed on _____ as Application Serial No. _____ and was amended on _____.
☒ was described and claimed in PCT International Application No. PCT/IL03/00026 filed on January 8, 2003 and as amended under PCT Article _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date
60/345,643 ✓	January 8, 2002 ✓
60/391,575 ✓	June 27, 2002 ✓

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
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I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
			<input type="checkbox"/>

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Attorney's Docket No.: 26235

Combined Declaration and Power of Attorney
Page 2 of 2 Pages

I/We hereby appoint the Practitioners associated with the following Customer Number:

Customer Number 20529

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Send Correspondence to:

Gary M. Nath
(202) 775-8383

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1-00 Full Name of Inventor: Amit ARAV

Inventor's Signature: [Signature]

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ISRAEL

Date: 1/07/04

2-00 Full Name of Inventor: Victor RZEPAKOVSKY

Inventor's Signature: [Signature]

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Date: 1/07/04

3-00 Full Name of Inventor: Uri MEIR

Inventor's Signature: [Signature]

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Date: 1/07/04

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Rec'd PCT/PTO 07 JUL 2004
PCT 10/500988

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

MEIR, Uri
Kibbutz Bet Hashita 1891D
Israel

State of Residence: IL State of Nationality: IL

hereby appoints (appoint) the following person as:

☒ agent

☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

REINHOLD COHN AND PARTNERS
P.O.B. 4080
Tel Aviv 61040
Israel

to represent the undersigned before

☒ all the competent International Authorities

☐ the International Searching Authority only

☐ the International Preliminary Examining Authority only

In connection with the international application identified below:

Title of the invention:

METHODS AND DEVICE FOR FREEZING AND THAWING BIOLOGICAL SAMPLES

Applicant's or agent's file reference: 142624-8 DK

International application number (if already available): PCT/IL03/00026

filed with the following Office Israel Patent Office as receiving Office
and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):

X
MEIR, Uri

MEIR URI

Date:

11/07/04

Form PCT/Model of power of attorney (for a given international application) (July 1992)

Legislator 1997, Form PCT/97

9d WLD:10 4002 10 JUL 01 2004 01:07PM P6

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FROM: INT LTD

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PCT

Rec'd PCT/PTO 07 JUL 2004
10/500988

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90A)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

RZEPAKOVSKY, Victor
2/24 Hatayakm Street
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Israel

(State of Residence: IL State of Nationality: IL

hereby appoints (appoint) the following person as:



agent



common representative

Name and address

(If entity name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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Tel Aviv 61040
Israel

to represent the undersigned before



all the competent International Authorities



the International Searching Authority only



the International Preliminary Examining Authority only

In connection with the international application identified below:

Title of the invention:

METHODS AND DEVICE FOR FREEZING AND THAWING BIOLOGICAL SAMPLES

Applicant's or agent's file reference: 142624-6 DK

International application number (if already available): PCT/IL03/00026

filed with the following Office: Israel Patent Office
and to make or receive payments on behalf of the undersigned.

as receiving Office

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):

X
RZEPAKOVSKY, Victor

Date:

07/04

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